

Controlled Substance Medication Administration Log Form Sample

This **controlled substance medication administration log form sample** ensures accurate tracking of medication usage to maintain compliance and safety. It helps healthcare providers document each dose administered, preventing errors and unauthorized access. Utilizing this form optimizes accountability and supports regulatory audits effectively.

Medication & Patient Information

Patient Name	_____	Date of Birth	_____
Medication Name	_____	Strength	_____
Prescribing Provider	_____	Dose/Frequency	_____

Administration Log

Date	Time	Dosage Administered	Route	Administered By (Initials)	Witness (If Required)	Remaining Quantity	Comments/Reasons
____ / ____ / ____	____	____	____	____	____	____	_____
____ / ____ / ____	____	____	____	____	____	____	_____

Signatures

Nurse/Provider Signature	_____	Date	_____
Pharmacist (If applicable)	_____	Date	_____

This form is intended for internal use only and must be stored securely in compliance with all applicable laws and regulations governing controlled substances.